1905), the requestor must clearly identify all information that is to be characterized as confidential.

## §416.195 Determination of membership in new classes of new technology IOLs.

- (a) Factors to be considered. CMS uses the following criteria to determine whether an IOL qualifies for a payment adjustment as a member of a new class of new technology IOLs when inserted at an ASC:
  - (1) The IOL is approved by the FDA.
- (2) The IOL shall have a new lens characteristic in comparison to currently available IOLs. The labeling, which must be approved by FDA, shall contain a claim of a specific clinical benefit imparted by the new lens characteristic.
- (3) The IOL is not described by an active or expired class of new technology IOLs; that is, it does not share a predominant, class-defining characteristic associated with improved clinical outcomes with members of an active or expired class.
- (4) Any specific clinical benefit referred to in paragraph (a)(2) of this section must be supported by evidence that demonstrates that the IOL results in a measurable, clinically meaningful, improved outcome. Improved outcomes include:
- (i) Reduced risk of intraoperative or postoperative complication or trauma;
- (ii) Accelerated postoperative recovery;
- (iii) Reduced induced astigmatism;
- (iv) Improved postoperative visual acuity;
- (v) More stable postoperative vision;
- (vi) Other comparable clinical advantages.
- (b) CMS determination of eligibility for payment adjustment. CMS reviews the information submitted with a completed request for review, public comments submitted timely, and other pertinent information and makes a determination as follows:
- (1) The IOL is eligible for a payment adjustment as a member of a new class of new technology IOLs.
- (2) The IOL is a member of an active class of new technology IOLs and is eligible for a payment adjustment for the

- remainder of the period established for that class.
- (3) The IOL does not meet the criteria for designation as a new technology IOL and a payment adjustment is not appropriate.
- [71 FR 68226, Nov. 24, 2006, as amended at 77 FR 68558, Nov. 15, 2012]

### §416.200 Payment adjustment.

- (a) CMS establishes the amount of the payment adjustment for classes of new technology IOLs through proposed and final rulemaking in connection with ASC facility services.
- (b) CMS adjusts the payment for insertion of an IOL approved as belonging to a class of new technology IOLs for the 5-year period of time established for that class.
- (c) Upon expiration of the 5-year period of the payment adjustment, payment reverts to the standard rate for IOL insertion procedures performed in ASCs.
- (d) ASCs that furnish an IOL designated by CMS as belonging to a class of new technology IOLs must submit claims using billing codes specified by CMS to receive the new technology IOL payment adjustment.

# PART 417—HEALTH MAINTENANCE ORGANIZATIONS, COMPETITIVE MEDICAL PLANS, AND HEALTH CARE PREPAYMENT PLANS

### Subpart A—General Provisions

Sec.

417.1 Definitions.

417.2 Basis and scope.

### Subpart B—Qualified Health Maintenance Organizations: Services

- 417.101 Health benefits plan: Basic health services.
- 417.102 Health benefits plan: Supplemental health services.
- 417.103 Providers of basic and supplemental health services.
- 417.104 Payment for basic health services.
- $417.105\,$  Payment for supplemental health services.
- 417.106 Quality assurance program; Availability, accessibility, and continuity of basic and supplemental health services.